2010 UBO/UBU Conference

Health Budgets & Financial Policy

Briefing: **Case Management Update**

Date: **23 March 2010**

Time: **1300–1350**

Objectives

- Discuss clinical case management (CM) issues specific to wounded, ill, and injured (WII) Service members and their families, including:
  - Task forces and commission findings
  - Federal legislation and policies
    - Tracking and reporting requirements
- Discuss documentation and coding of CM
  - Medical Expense and Performance Reporting System (MEPRS) categories
  - HIPAA taxonomy and Provider Specialty Codes
  - Procedure codes for CM services
  - Diagnosis codes for CM services

Outline

- Background
- Federal responses
  - Task forces and Commissions
  - Legislation
- The DoD/VA responses
  - DEPSECDEF Senior Oversight Committee
  - Line of Action #3: Case Management Reform
- The MHS responses
  - Policies, tools, and resources
- Case management data capture imperatives
  - Questions to be answered
- Summary

Top Priority

"…Our nation is truly blessed that so many talented and patriotic young people have stepped forward to serve. They deserve the very best facilities and care to recuperate from their injuries and ample assistance to navigate the next step in their lives, and that is what we intend to give them. **Apart from the war itself, this department and I have no higher priority."**

- Secretary of Defense, 2 May 2007

Studies of the Care of the WII

Mar 07 - Apr 07

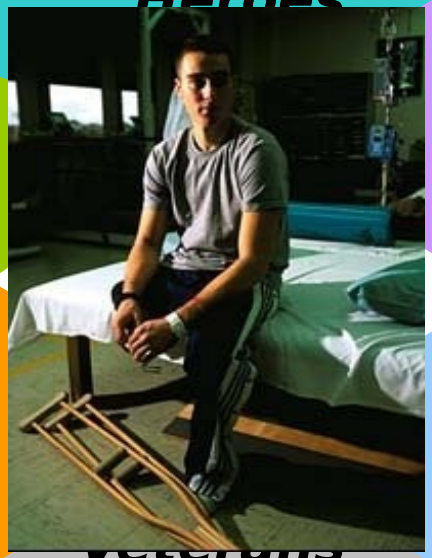
Task Force on Returning Global War on Terror Heroes

Feb 07 - Apr 07

Independent Review Group (IRG)

Aug. 2006 – June 2007

DoD IG Review of DoD/VA Interagency Care



Mar 07 – July 07

Commission on Care for America's Returning Wounded Warriors

May 06 – June 07

Mental Health Task Force

2004 – Oct. 2007

Veterans Disability Benefits Commission (*www.vetscommission.org*)

Courtesy of Davis/Day State of the MHS Conference, Jan 2008

The Call for Change in Care for the WII

"We don't recommend merely patching the system, as has been done in the past. Instead, the experiences of these young men and women have highlighted the need for fundamental changes in care management."

Source: Report of the President's Commission on Care for America's Returning Wounded Warriors (Dole/Shalala), July 2007

Courtesy of Davis/Day State of the MHS Conference, Jan 2008

Legislation: CM Highlights

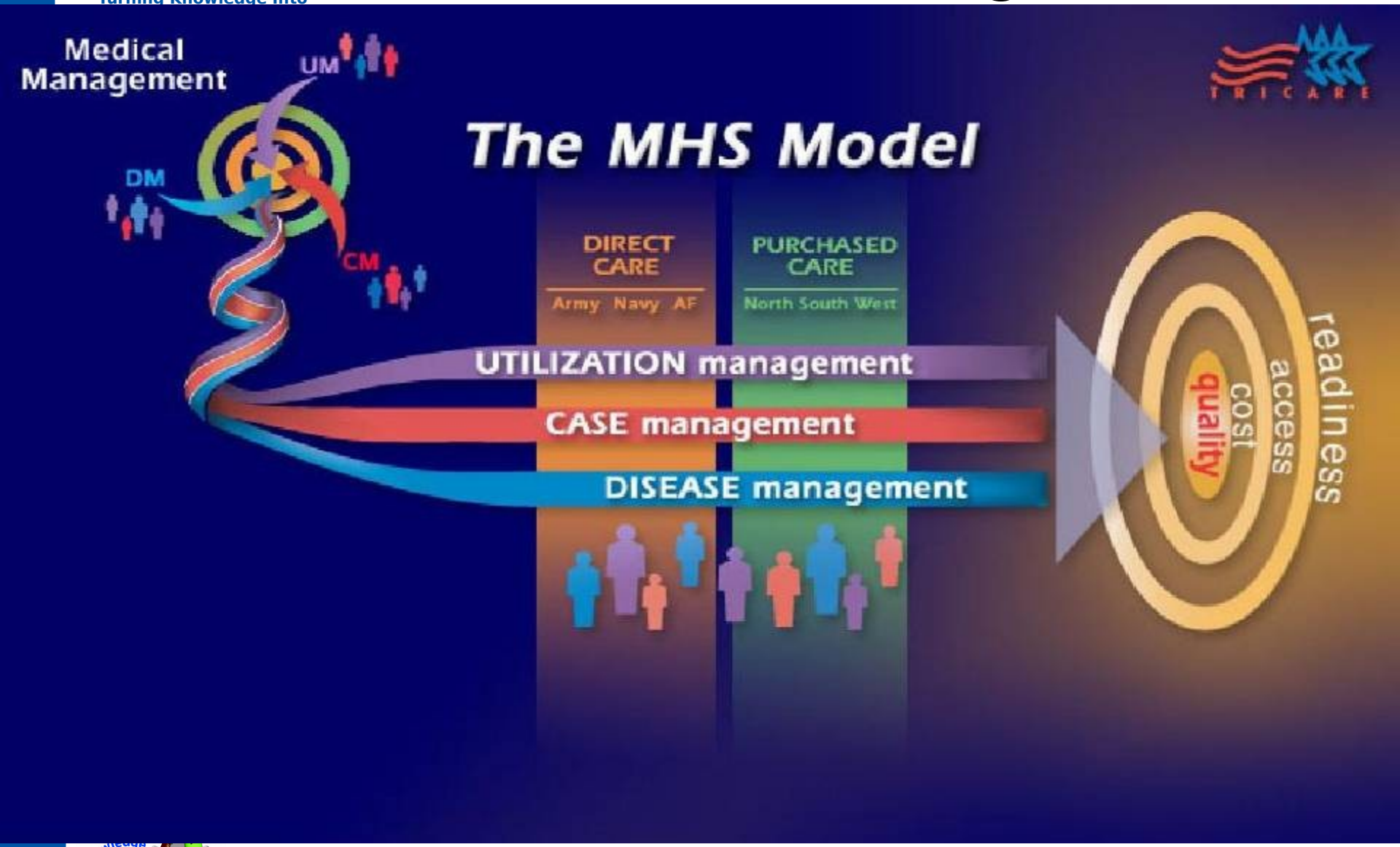
- ***H.R.4986:* National Defense Authorization Act for Fiscal Year 2008**
  - 1/28/2008: Public Law No: 110-181
  - TITLE XVI – WOUNDED WARRIOR MATTERS
    - SEC. 1611. COMPREHENSIVE POLICY ON IMPROVEMENTS TO CARE, MANAGEMENT, AND TRANSITION OF **RECOVERING SERVICE MEMBERS**
- Secretaries of Defense and Veterans Affairs shall develop and implement a joint policy on improvements to the care, management, and transition of recovering service members
  - Uniform program for the assignment of medical care case managers

Update and report annually

Relevant CM Legislation

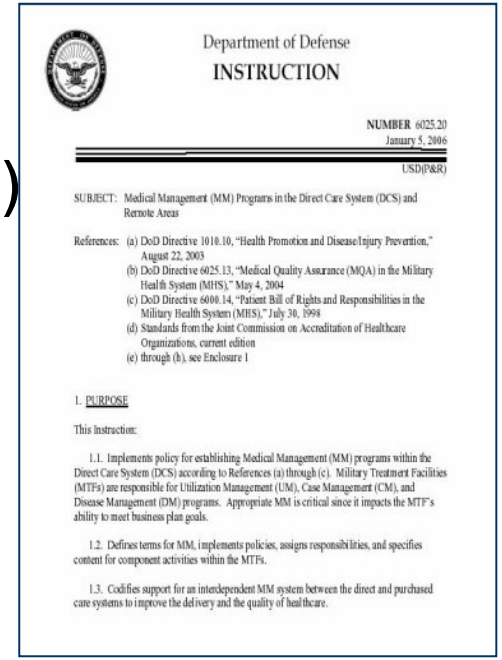
- (3) MEDICAL CARE CASE MANAGERS FOR RECOVERING SERVICE MEMBERS –
  - (c) The maximum number of recovering Service members whose cases may be assigned to a medical care case manager under the program at any one time shall be such number as the policy shall specify (Ratios/complexity)
- TRACKING OF RECOVERING SERVICE MEMBERS – The policy shall provide for uniform procedures among the military departments on tracking recovering Service members to facilitate:
  - (A) locating each recovering Service member; and
  - (B) tracking medical care appointments of recovering Service members to ensure timeliness and compliance of recovering Service members with appointments, and other physical and evaluation timelines, and to provide any other information needed to conduct oversight of the care, management, and transition of recovering Service members. (Does Service member have a case manager?)

MHS Medical Management Model



Guiding Documents: Policy and Resources

- DoDI 6025.20 (Jan 2006), "Medical Management Programs in the Direct Care System and Remote Areas"
- "What to do" policy
  - Utilization Management (UM)
  - Case Management (CM)
  - Disease Management (DM)
  - Outcomes Management



Department of Defense
INSTRUCTION

NUMBER 6025.20
January 5, 2006
USD(P&R)

SUBJECT: Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas

References: (a) DoD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003
(b) DoD Directive 6025.13, "Medical Quality Assurance (MQA) in the Military Health System (MHS)," May 4, 2004
(c) DoD Directive 6000.14, "Patient Bill of Rights and Responsibilities in the Military Health System (MHS)," July 30, 1998
(d) Standards from the Joint Commission on Accreditation of Healthcare Organizations, current edition
(e) through (h), see Enclosure 1

1. PURPOSE

This Instruction:

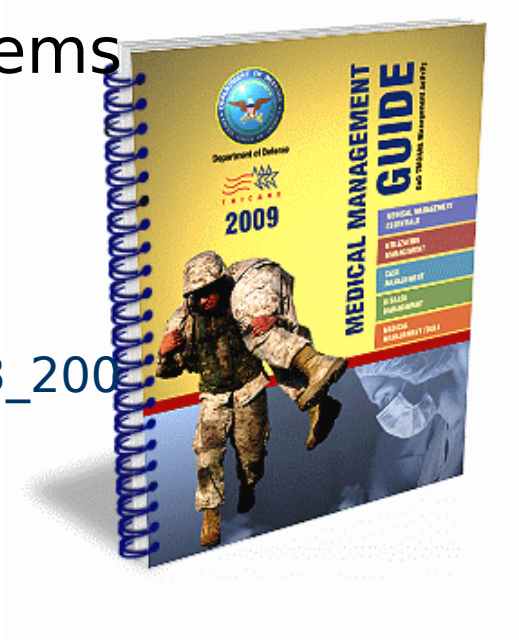
1.1. Implements policy for establishing Medical Management (MM) programs within the Direct Care System (DCS) according to References (a) through (c). Military Treatment Facilities (MTFs) are responsible for Utilization Management (UM), Case Management (CM), and Disease Management (DM) programs. Appropriate MM is critical since it impacts the MTF's ability to meet business plan goals.

1.2. Defines terms for MM, implements policies, assigns responsibilities, and specifies content for component activities within the MTFs.

1.3. Codifies support for an interdependent MM system between the direct and purchased care systems to improve the delivery and the quality of healthcare.

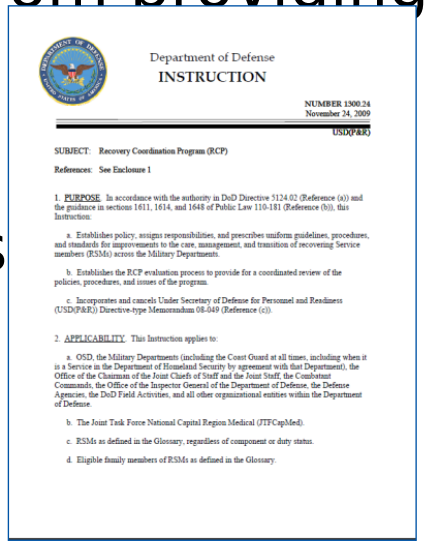
Medical Management Guide

- DoD Medical Management Guide (Version 3.0, 2009)
  - Outlines processes, support tools, sample forms, and information systems key to Medical Management
  - 4 new MHS Learn modules
  - Released Oct 2009 http://www.tricare.mil/OCMO/download/MMG_v3_2009.pdf



Guiding Documents: Policy and Resources

- **New**: DoDI 1300.24 (November 24, 2009) , "Recovery Coordination Program (RCP) "
- Established to "provide program and policy oversight of DoD resources to ensure uniform care and support for recovering Service members (RSMs) and their families when the RSM has been wounded or injured or has an illness that prevents him or her from providing that support."
  - Program Management
  - Recovery Coordination Process
  - Transition Procedures
  - Workload
  - RCP Evaluation Procedures



Department of Defense
INSTRUCTION

NUMBER 1300.24
November 24, 2009
USD(P&R)

SUBJECT: Recovery Coordination Program (RCP)

References: See Enclosure 1

1. PURPOSE. In accordance with the authority in DoD Directive 5124.02 (Reference (a)) and the guidance in sections 1611, 1614, and 1648 of Public Law 110-181 (Reference (b)), this Instruction:

a. Establishes policy, assigns responsibilities, and prescribes uniform guidelines, procedures, and standards for improvements to the care, management, and transition of recovering Service members (RSMs) across the Military Departments.

b. Establishes the RCP evaluation process to provide for a coordinated review of the policies, procedures, and issues of the program.

c. Incorporates and cancels Under Secretary of Defense for Personnel and Readiness (USD(P&R)) Directive-type Memorandum 08-049 (Reference (c)).

2. APPLICABILITY. This Instruction applies to:

a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense.

b. The Joint Task Force National Capital Region Medical (JTFCapMed).

c. RSMs as defined in the Glossary, regardless of component or duty status.

d. Eligible family members of RSMs as defined in the Glossary.

Clinical Case Management Policy

- *DTM 08-033 dated 26 Aug 2009:* Interim Guidance for Clinical Case Management for the Wounded, Ill, and Injured Service Member in the Military Health System
  - Identification and monitoring of WII
  - Education and training of CM personnel
  - Interoperability regardless of Service and care settings
  - Information management and technology support
  - Development and deployment of performance measures to evaluate the provision of CM activities

CM Training Courses

- **Current MHS Learn, required Web-based education modules:**
  - Case Management Module 1
  - TRICARE Fundamentals for Case Managers
  - Military Medical Support Office
  - Traumatic Brain Injury
  - Post-Traumatic Stress Disorder (16 Sub-courses)
  - Psychological Impacts of Deployment
  - McKesson (InterQual) Web-based Training (6 sub-courses, only 1 required, Specifically- Overview: InterQual Criteria)
  - Milliman Ambulatory Care Guidelines
  - Veterans Health Administration (VHA) Overview
  - Disability Evaluation System (Currently not online, but will be 1 Apr)
  - DoD Recovery Coordination Program
  - Service-Specific Case Management Course (i.e., Air Force Case Management, Army Case Management, Navy Case Management) (There is not an Army Specific Case Management Course)
- **Next phase:** Army CM

https://mhslearn.satx.disa.mi

Data Capture

- Metrics
  - Number of clinical case managers (CCMs) on Hand
  - % of CCMs Who Have Completed Training
  - Number of Active Duty Service Members (ADSMs) Receiving CCM Services
  - % of ADSMs receiving CCM who are Top 2 Acuity Levels/Categories (HCPCS 4 and 5)
  - % of ADSMs who are receiving care coordination through Wounded Ill and Injured (WII) Programs out of all who need it.
  - % WII Service Member' Satisfaction with Healthcare (from HPA&E existing telephone survey)
- Data Sources
  - M2, JTTR, TRAC2ES, AHLTA/CHCS, SADR, Service Programs, Medical Expense and Performance Reporting System (MEPRS)

Case Management

- The purpose of CM is to:
  - Promote quality, safe, and cost-effective care.
  - Promote utilization of available resources to achieve clinical and financial outcomes.
  - Facilitate appropriate access to care.

Source: Medical Management Guide

MHS Definition of Case Management (CM)

Case Management is a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality, cost-effective outcomes.

Source: Medical Management Guide

Case Management Tasking

- Establish processes to identify WII Service members for assignment to clinical CM who meet the following criteria:
  - High-risk, multiple, or complex conditions or diagnoses
  - Catastrophic, extraordinary conditions (e.g., serious head injury, spinal cord injury, complicated fractures, amputation, visual impairment, PTSD and cancer)
  - Requirements for extensive monitoring and coordination of needs
  - Complex psychosocial or environmental factors (family or military obligations) that impact the ability to achieve health or maintain function

Source: *DTM 08-033*

Case Management

- Sources to identify patients for CM:
  - Joint Patient Tracking Application (JPTA)
  - Surgery schedule
  - Admission and Disposition list
  - Emergency Department
  - Exceptional Family Member Program
  - Primary Care Manager or Specialist Referral
  - Self/family members
  - Utilization, referral and/or Disease Managers
  - Managed Care Support Contractors

Provider Specialty Codes

- Provider Specialty Code
  - These PSCs are the default for Registered Nurse and Social Worker Case Managers
  - NOTE: This does not apply to privileged providers providing direct care to a patient. Direct patient care by privileged providers should be documented in "B" MEPRS clinics

HIPAA Taxonomy	Description	CHCS Provider Specialty Code
163WC0400X	Registered Nurse Case Manager	613
1041C0700X	Social Worker Case Manager	714

Source: MHS Specialty and Professional Services Coding Guidelines, Appendix

Medical Expense and Performance Reporting System (MEPRS)

- OASD (HA) via work within the MMIG have directed the MEPRS codes in the following table to be used to identify case manager FTEs and expenses:

Service	GWOT/Warrior in Transition	All others (AD & Non-AD)
Army MTF	FAZ2	ELAN
Navy MTF	ELA2	ELAN
Air Force MTF	ELAN	ELAN

Source: MHS Specialty and Professional Services Coding Guidelines, Appendix

Administrative Summary Reporting

Business Rules for data collection:

- At a minimum, one administrative encounter (SADR) will be generated each month between the 1st and 5th business day
  - ICD-9-CM Diagnosis Codes
    - Primary diagnosis to indicate Start, Continue or End of CM services
    - Secondary diagnosis if wounded warrior or deployment related problem
  - E/M code of 99499 for non-count encounter
  - Use of appropriate monthly acuity G-code

Source: MHS Specialty and Professional Services Coding Guidelines, Appendix I

ICD-9-CM Diagnosis Codes

Administrative Summary Reporting

- Primary diagnosis:
  - V49.89_2 Case Management Start
  - V49.89_3 Case Management Continue
  - V49.89_4 Case Management End
  - V49.89_9 Case Management, Other and Unspecified
- Secondary diagnosis:
  - V70.5_G GWOT Wounded Warriors (WW)
    - If the patient is a wounded warrior, *or*_
    - If the patient is in case management due to a deployment-related problem

Source: MHS Specialty and Professional Services Coding Guidelines, Appendix

ICD-9-CM Diagnosis Codes

- **V49.89_2 Case Management Start –** initial summary report on this patient for this episode of case management
- **V49.89_3 Case Management Continue** – subsequent summary for services which began prior to this month for that patient and case manager
- **V49.89_4 Case Management End** – summary report for patient who ends management with the current case manager
- **V49.89_9 Case Management, Other and Unspecified** – case manager seeing patient and filling in for another case manager
- If patient returns after services are ended, use **V49.89_2 Start.**

Source: MHS Specialty and Professional Services Coding Guidelines, Appendix

E/M Codes

- Administrative Summary Reporting
  - Encounter is always non-count
  - E/M code 99499 is always used for summary reports

Source: MHS Specialty and Professional Services Coding Guidelines, Appendix E

HCPCS Procedure Codes

- Administrative Summary Reporting: The case manager will assign one G-code per patient per month from the following:
  - G9001 – Acuity Level 0 – CM requesting code for evaluation performed; no services needed
  - G9002 – Acuity Level 1 – Non-complex, chronic, less frequent than weekly
  - G9005 – Acuity Level 2 – Requires follow-up with 2 or more interventions
  - G9009 – Acuity Level 3 – Requires coordination and follow up with 4 or more interventions
  - G9010 – Acuity Level 4 – Urgent case or other non-casualty high visibility case
  - G9011 – Acuity Level 5 – Acute/complex cases that require significant coordination and follow up and may involve daily contact

Source: MHS Specialty and Professional Services Coding Guidelines, Appendix

Summary "Acuity" Codes

HCPCS Code	Acuity Level	Description
G9002	**1**	Non-complex chronic cases that require the CM to follow-up less than once a week (e.g., rehabilitation, extended convalescent leave periods, awaiting a medical board or further surgical intervention or medical treatment.
G9005	**2**	Requires the case manager to coordinate and follow-up with up to 2 or more interventions (e.g., pharmacotherapy, DME/home health, healthcare team communications, social resources, transfers, patient/family communications) 3-4 times per month (e.g., convalescent leave periods or requirement for occasional assistance with authorizations or appointments.
G9009	**3**	Requires case manager to coordinate and follow-up with 4 or more interventions (e.g. , pharmacotherapy, DME/home health, healthcare team communications, social resources, transfers, patient/family communications) 1-2 times a week, less than 30 minutes each session.
G9010	**4**	Requires case manager to coordinate and follow-up with 6 or more interventions (e.g., pharmacotherapy, DME/home health, healthcare team communications, social resources, transfers, patient/family communications) 3 times a week, less than 30 minutes each session (e.g., episodic crises cases that consume a day's work – SOS case or other non-casualty high visibility case.
G9011	**5**	Requires complex interventions from case manager and a follow-up at a minimum of 3 times a week, greater than 30 minutes each session (e.g., discharge from inpatient status with orders for intervention, completion of MEB/PEB process, transfer to VHA facility of transition to independent living, assistance with authorization or appointments, counseling or reassuring/supporting caregivers of casualties, providing information). These are acute/complex cases that require significant coordination and follow-up and may involve daily contact.

Summary

- The provision of clinical case management services are vital to the recovery, rehabilitation, and reintegration of Service members and their families

"Survive to Thrive"

- The Secretary of Defense, including the Line leaders and the Congress have recognized the value of clinical case management, and expect that ALL eligible recovering Service members will receive CM services
- Data about CM services that can be readily linked to beneficiaries is also essential to meeting tracking, monitoring, and reporting requirements at multiple levels (e.g., MTF, Service, Regional, HA/TMA, Congress)

Quiz

- TRUE or FALSE? The Military Health System has official policy guidance about the provision of case management services?
  - TRUE!
    - DoDI 6025.20 (Jan 2006), “Medical Management Programs in the Direct Care System and Remote Areas”
    - DoDI 1300.24 (Nov 2009), “Recovery Coordination Program (RCP)”
- How many provider specialty codes are being used to capture case management services?
  - TWO:
    - Registered Nurses 613
    - Social Workers 714

Summary

- Clinical case management (CCM) issues specific to wounded, ill, and injured (WII) Service members and their families
- Documentation and coding of CCM services
  - Medical Expense and Performance Reporting System (MEPRS) categories
  - HIPAA taxonomy and Provider Specialty Codes
  - Diagnosis codes
  - E/M codes
  - Procedure codes